

Name  
in  
Full

Sho Brown - J P Brown

3  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

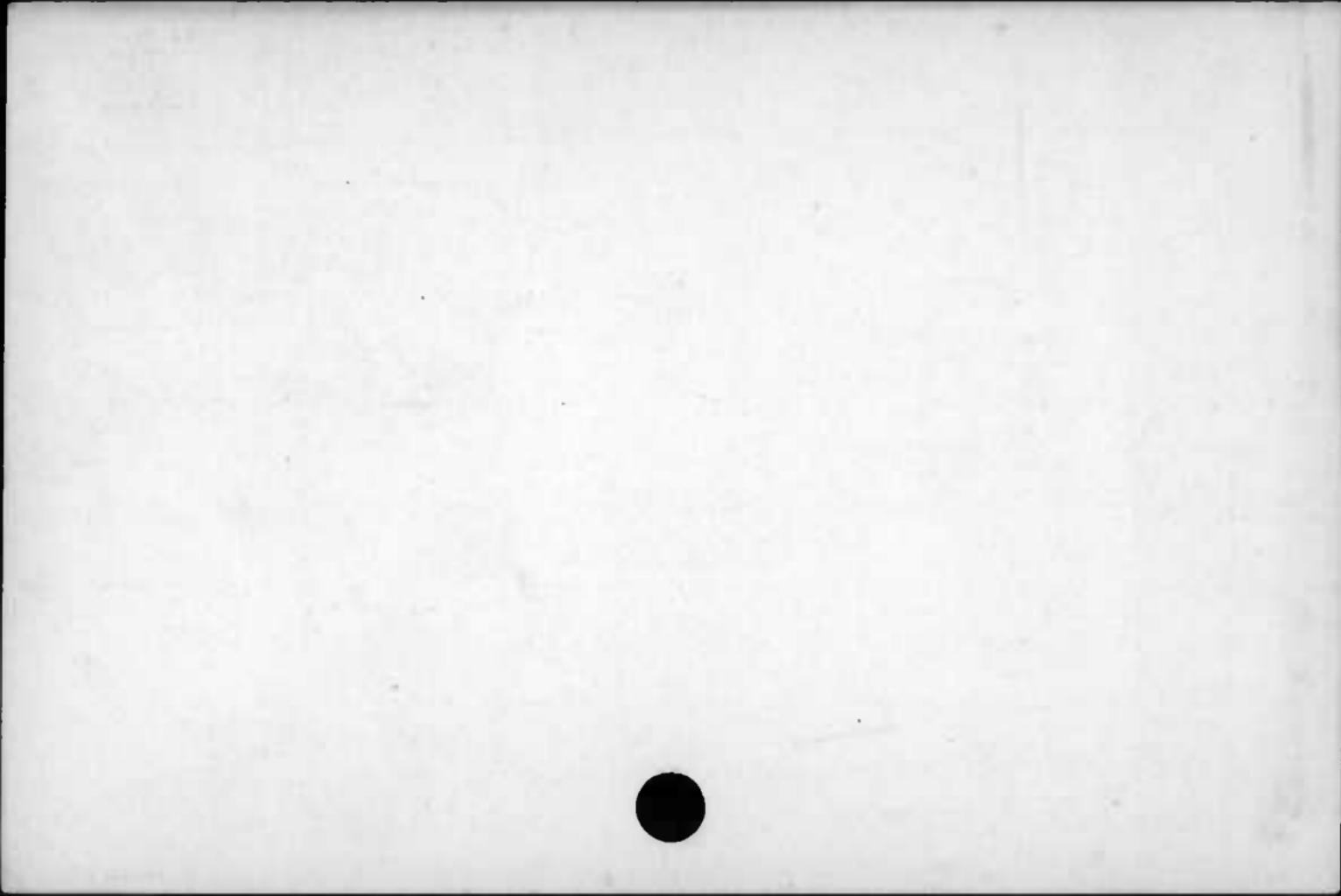
MARYLAND

Died at	Town		County			
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race		Cause		Birth-place	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	J P Brown		Father's Birthplace			
Mother's Maiden Name	Victoria Marshall		Mother's Birthplace			
Name of person giving Information	J P Brown		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Inflammation		How long
Immediate	J P Brown		How long
Are the name, age, sex, color, date and place correctly given above?	—		Signature of Physician
—		Address	
Accident or Suicide?	—		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Coor <sup>or</sup> Buck  
County

MARYLAND

Date  
of death

1908 May

10 Day

Years

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Calvert County

Occupation

grow

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Lloyd Buck

Father's  
Birthplace

Calvert County

Mother's  
Maiden Name

Suzie Buck

Mother's  
Birthplace

Calvert County

Name of person giving  
Information

Lloyd Buck

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Still Born

(S)

How long

-

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

G. Chambers  
Suburbia & Bott  
Lindsey Calvert County

Accident or Suicide?



Name  
in  
Full

Wodson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
<input checked="" type="checkbox"/> Married, Single <input checked="" type="checkbox"/> Widowed	Single		Name of Wife or Husband		
Father's Name	James Wodson			Father's Birthplace	
Mother's Maiden Name	Sarah Lindsey			Mother's Birthplace	
Name of person giving information	Ellen Lindsey			How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Premature Birth

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Lou J Chambers

Lindsey Calvert Co MD

Attid. for Death



Name  
in  
Full

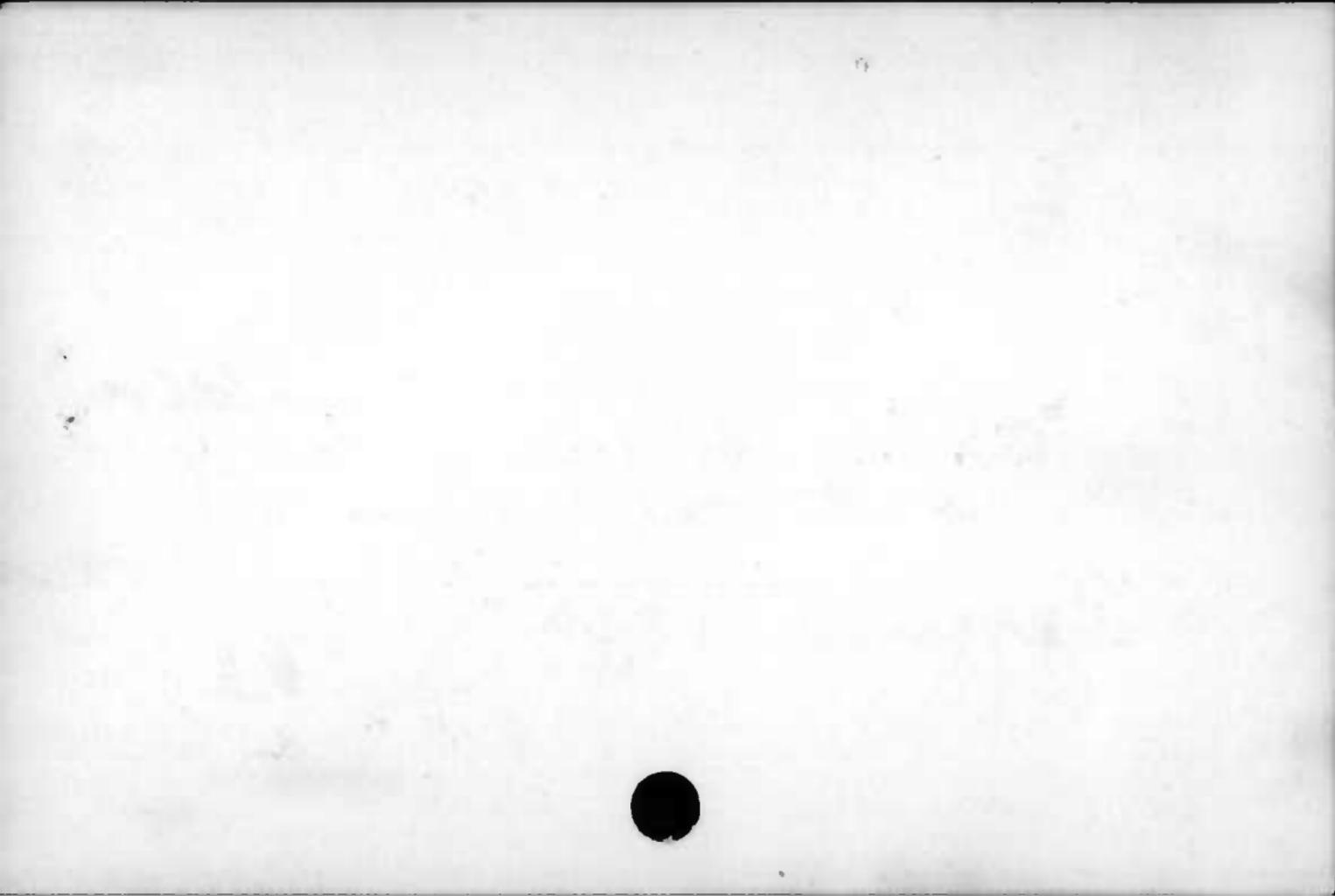
Still born Infant Ford.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1901	Month 5	Day 5	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Chesteyville	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Name	Calvert Co	
Father's Name		Samuel Ford		Mother's Maiden Name	Calvert Co	
Mother's Maiden Name		Belle Harrison		Name of person giving information	How related to deceased	
Belle		Watkins		Belle	Mother	
CAUSES OF DEATH						
Primary	Unknown					
Immediate						
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		How long	
yes			f. L. Brayshaw		How long	
Accident or Suicide?						

PHYSICIAN  
OR CORONER



Name  
in  
Full

Norm Lamer  
Died at Town County  
Coronado - Calif.

**CERTIFICATE OF DEATH**

## MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1908		Month May	Day 19	Age	Years	Months	Days
Sex Female		Color or Race White		Birth-place		Baltimore	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Irene Horner		Father's Birthplace		Carent	
Mother's Maiden Name		Mizing Radcliffe		Mother's Birthplace		Carent	
Name of person giving information		Irene Horner		How related to deceased		Father	

## CAUSES OF DEATH

88

### Primary

	CAUSES OF DEATH
--	-----------------

How long

### Immediat-

How long 12 times.

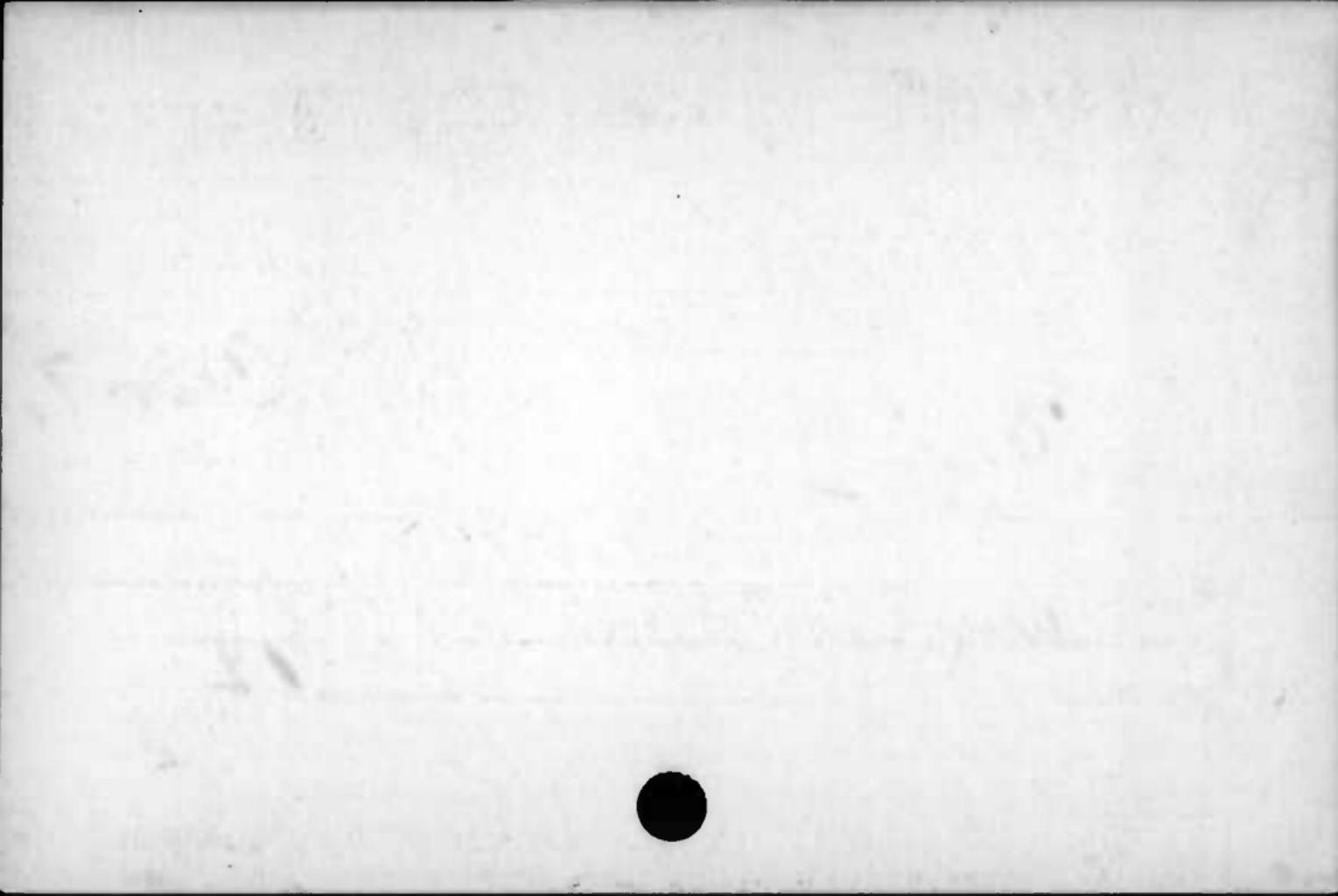
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

### Address

### Accident or Suicide?



Name  
in  
Full

John W. Grierson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND						
Date of death	1908	Month	May	Day	17	Years	49	Months	1	Days	10
Sex	Male	Color or Race	white	Birth-place	Calvert Co						
Occupation	Farmer		Where Residing if not at place of death								
Married, Single or Widowed	Married	Name of Wife or Husband	Serena Grierson								
Father's Name	W. J. Grierson		Father's Birthplace		Calvert Co						
Mother's Maiden Name	Mary E. Skinner		Mother's Birthplace		" "						
Name of person giving information	Wesley Grierson		How related to deceased		Son-in-law						

CAUSES OF DEATH

93

How long

20 days

Primary

Lobar Pneumonia

Immediate

Heart Failure

How long

Instantly

Are the name, age, sex, color, date and place correctly given above?

Yes

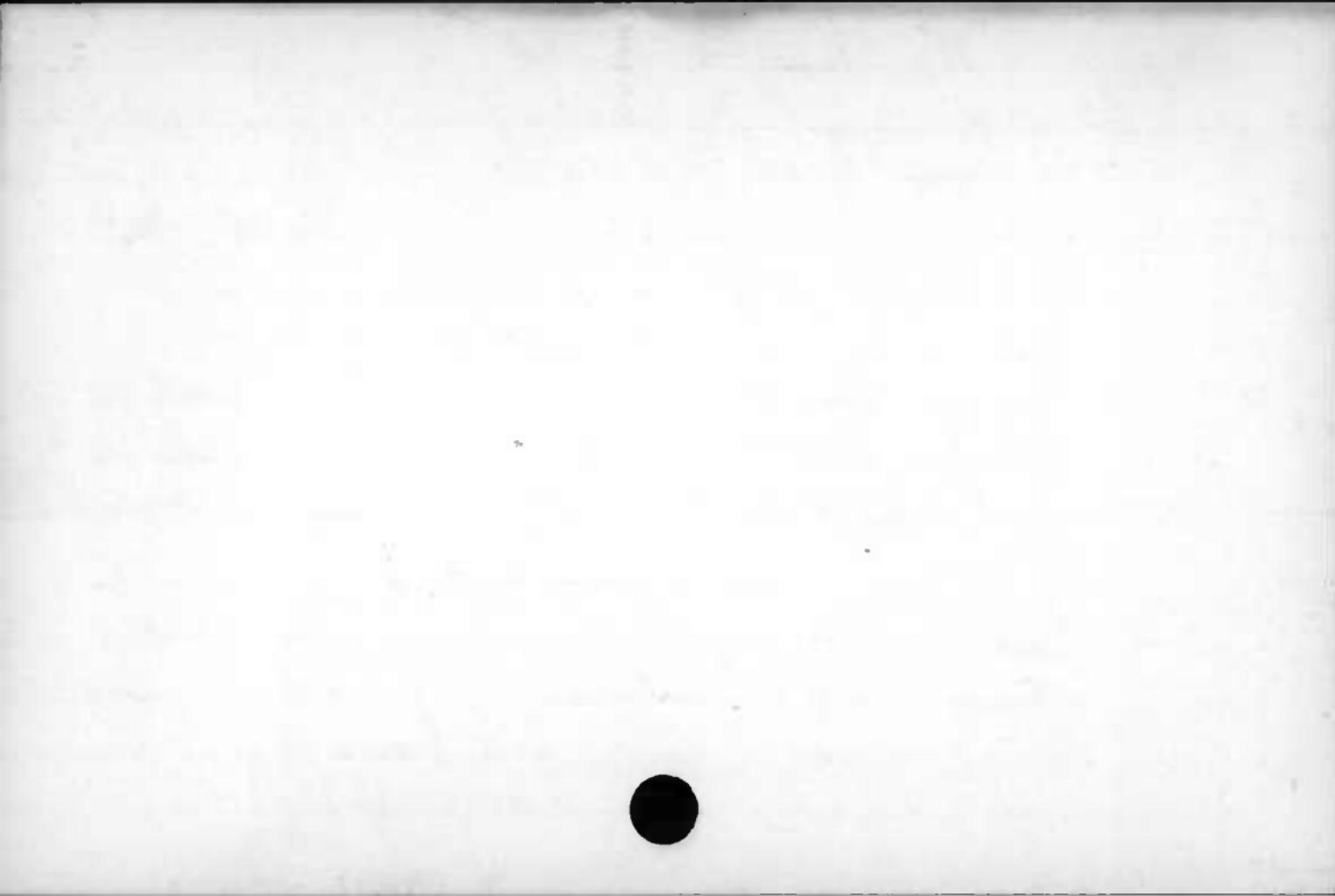
Signature of Physician

E. J. V. Nieman,

Address

Lower Marlboro,  
Md.

Accident or Suicide?



Name  
in  
Full

Mary Hardeshy

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Ht Harmony</u>		Town <u>Calvert</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>13</u>	Age <u>73</u>	Years	Months <u></u> Days <u></u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Balto Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Charles Hardeshy</u>				
Father's Name <u>Perry Mc Daniel</u>	Father's Birthplace <u>Calvert Co</u>				
Mother's Maiden Name <u>Elizabeth Brady</u>	Mother's Birthplace <u>Balto Md</u>				
Name of person giving information <u>Charles Hardeshy</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary

Essential

How long

Two weeks

Immediate

Heart-Exhaustion

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

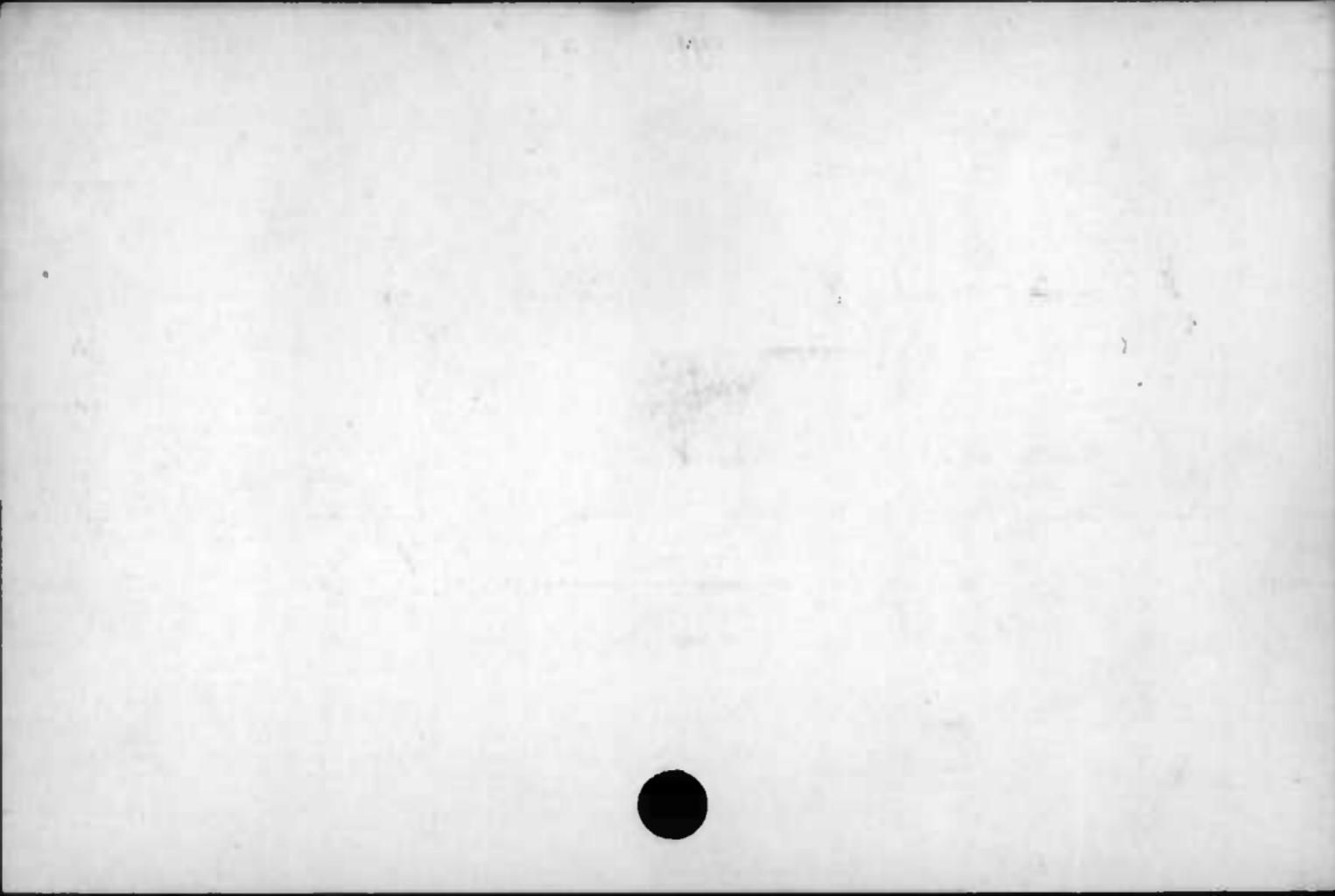
Address

L. Brayshaw

of Friendship

Md

Accident or Suicide?



Name  
in  
Full

Stet Boro died. June 1st 1908

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County
1908	Month	Calvert
Date of death	Day	Years
Sex	Age	Months
Occupation	Color or race	Days
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death
Father's Name	Iwo Harrod	
Mother's Maiden Name	Eliza Gross	
Name of person giving information	Iwo Harrod	

(S)

PHYSICIAN  
OR CORONER

Primary

Still Birth

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Physician General  
Munivad 2 Ryer

Accident or Suicide?

✓



Name  
in  
Full

Olivia Keut

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Huntington County Calvert

MARYLAND

Date of death 1908 Month May Day 22 Age 2 Years 2 Months  Days

Sex Female Color or Race Black Birth-place Cal. lea.

Occupation  Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Wesley Keut

Father's Birthplace

Cal. lea.

Mother's Maiden Name

Agness Forman

Mother's Birthplace

" "

Name of person giving Information

Wesley Keut

How related deceased

Father

CAUSES OF DEATH

63

Primary

Infantile Paralysis

How long

6 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

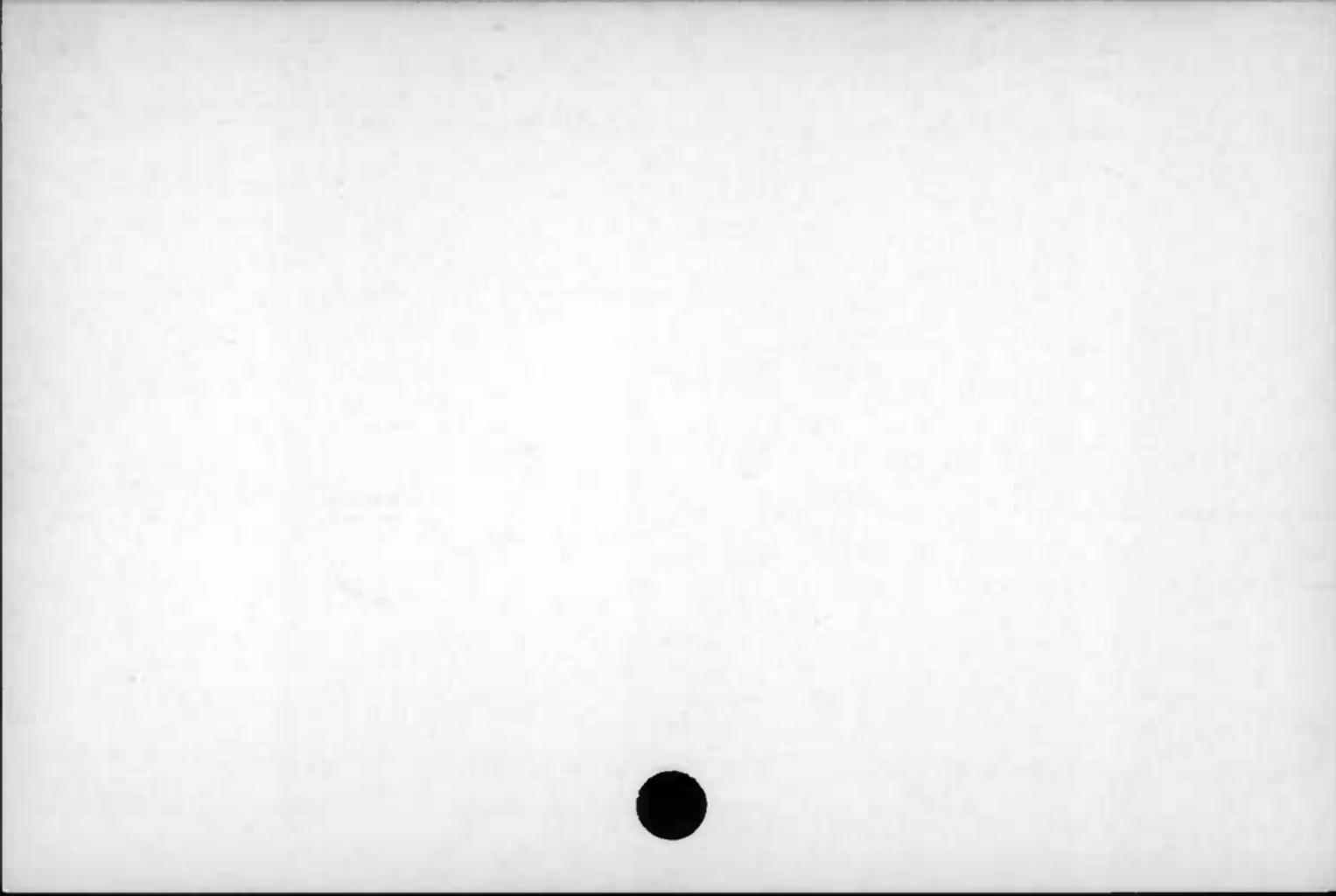
Signature of Physician

Address

J.W. Fitch  
Huntington Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Henry Fletcher Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

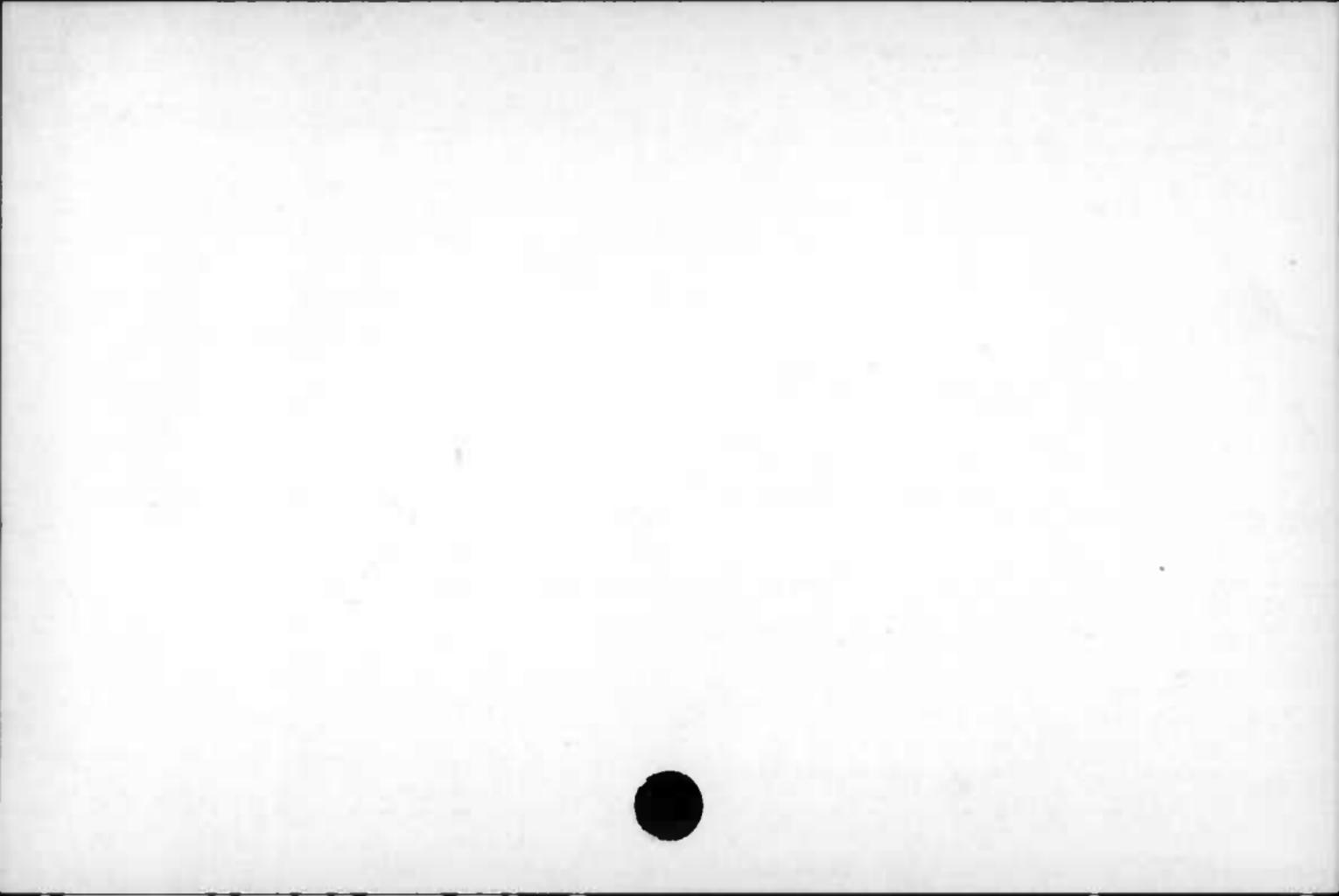
Died at	Town	County	MARYLAND		
Died at	Chaneyville	Calvert			
Date of death	Month	Day	Years	Months Days	
1908	May	25	75	9	60
Sex	male	Color or Race	white	Birth-place	
Occupation	farmer	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Mary Lane			
Father's Name	Thomas Lane	Father's Birthplace	Cal. 60		
Mother's Maiden Name	Rebecca Hardisty	Mother's Birthplace	" "		
Name of person giving information	Alcy Lane	How related to deceased	wife		

CAUSES OF DEATH

48

PHYSICIAN  
OR CORONER

Primary	Muscular Rheumatism		How long	5 months
Immediate	Pharyngeal Paralysis		How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. H. F. Munroe	
		Address	Lower Marlboro Cal. 60 Md.	
Accident or Suicide?				



Name  
in  
Full

A. Summers Leathering  
Covt St

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Town	Cou-	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death	Birthplace	Days
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name	William Leathering	Mother's Birthplace	
Mother's Maiden Name	Sarah Agg	How related to deceased	
Name of person giving information	Mrs B S Dowell	Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Single Ability

154

Immediate

Prostration

about 1 year

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of  
Physician

Address

Elis F Chambers

Lumsby Calvert Co Md

Amherst County



Name  
in  
Full

Elizabeth Lyons

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Cal. leso.
Occupation	wife		Where Residing if not at place of death	Anthony Lyons	
Married, Single or Widowed	Name of Wife or Husband		Wm. J. Leitch		
Father's Name			Father's Birthplace	Cal. leso.	
Mother's Maiden Name	Elija Lyons		Mother's Birthplace	" "	
Name of person giving information	Anthony Lyons Jr		How related to deceased	Son	

CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary

Gastro Intestinal Catarrh

How long

2 yrs

Immediate

Brummin

How long

Are the name, age, sex, color, date and place correctly given above?

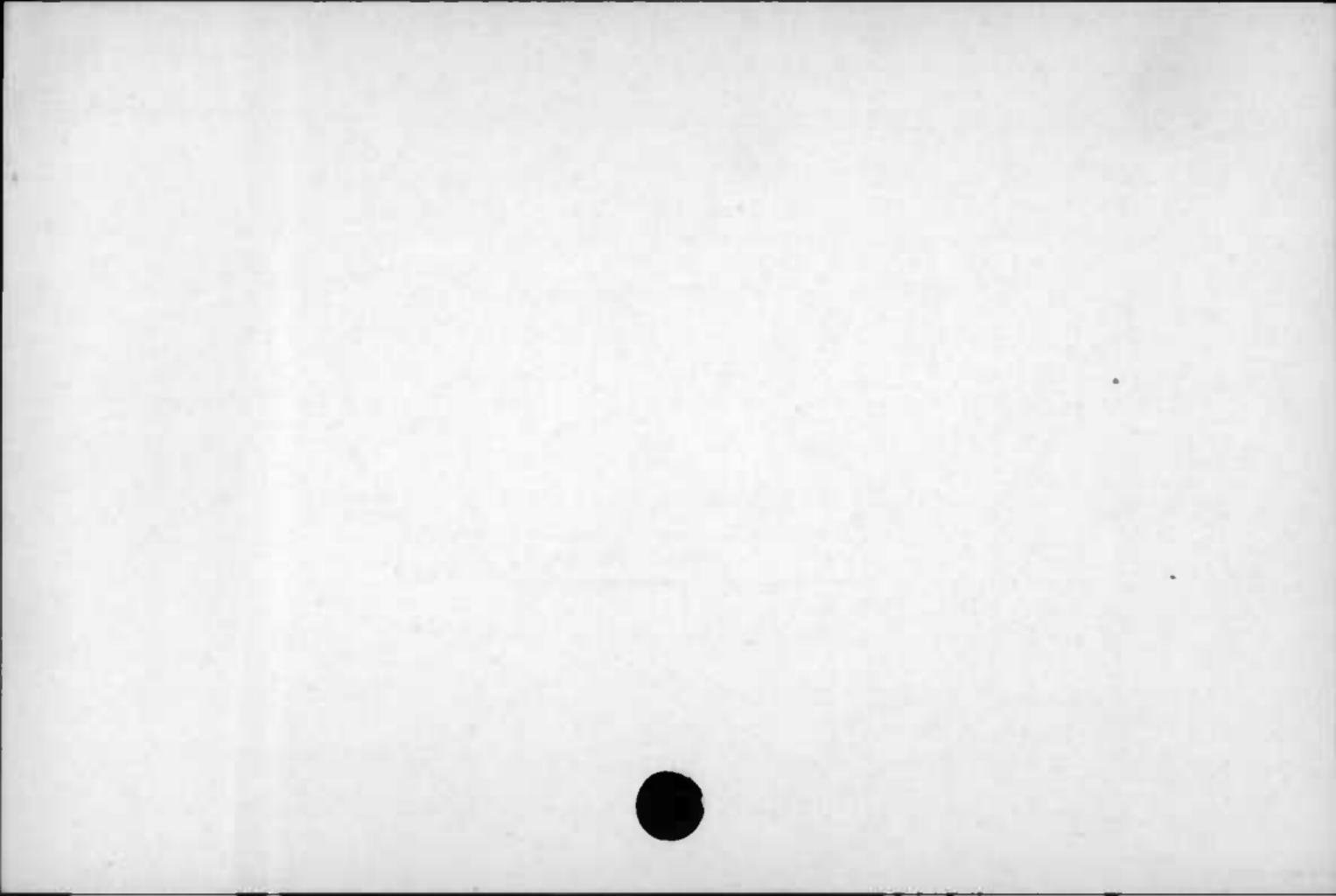
Yes

Signature of Physician

Address

J.W. Leitch  
Huntingtown,  
Md.

Accident or Suicide?



Name  
in  
Full

Fielder Lyons

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Calvert	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	36		
Occupation	Where Residing if not at place of death			Philadelphia, Pa.	
Married, Single or Widowed	Name of Wife or Husband	Lula Arminger			
Father's Name	James Lyons			Father's Birthplace	Calvert Co. Md.
Mother's Maiden Name	Laura Norfolk			Mother's Birthplace	Calvert Co. Md.
Name of person giving information	G. W. Howes			How related to deceased	Cousin

CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary

Pyloric obstruction from tumor

How long

8 mos.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

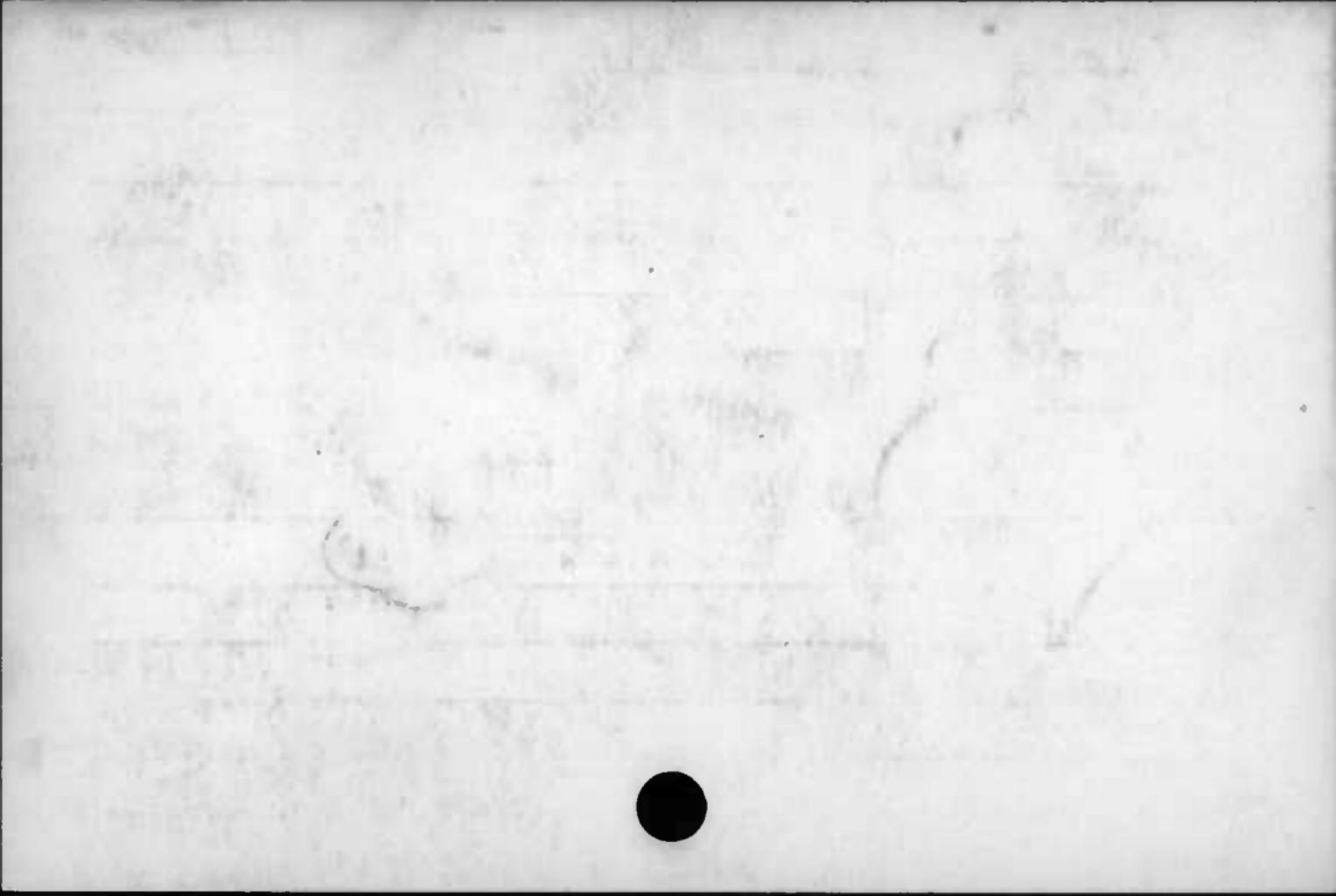
Yes

Signature of  
Physician

Address

Mr. Wm. Chaney,  
Chaney, Md.

Accident or Suicide?



Name  
in  
Full

Patrick Monett

2  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Place	Town	County	MARYLAND	
Date of death	1908	Month May	Day 9	Years 85	Months
Sex	Male	Color or Race	Colon	Birth-place	Days
Occupation	Apstman				
Married, Single or Widowed	Widower	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	John Dunn				
Mother's Maiden Name	Hannah Monett				
Name of person giving information	H. J. Monett				

CAUSES OF DEATH

154

Primary

Stroke of heart -

How long

19 years

Immediate

Stroke of heart

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

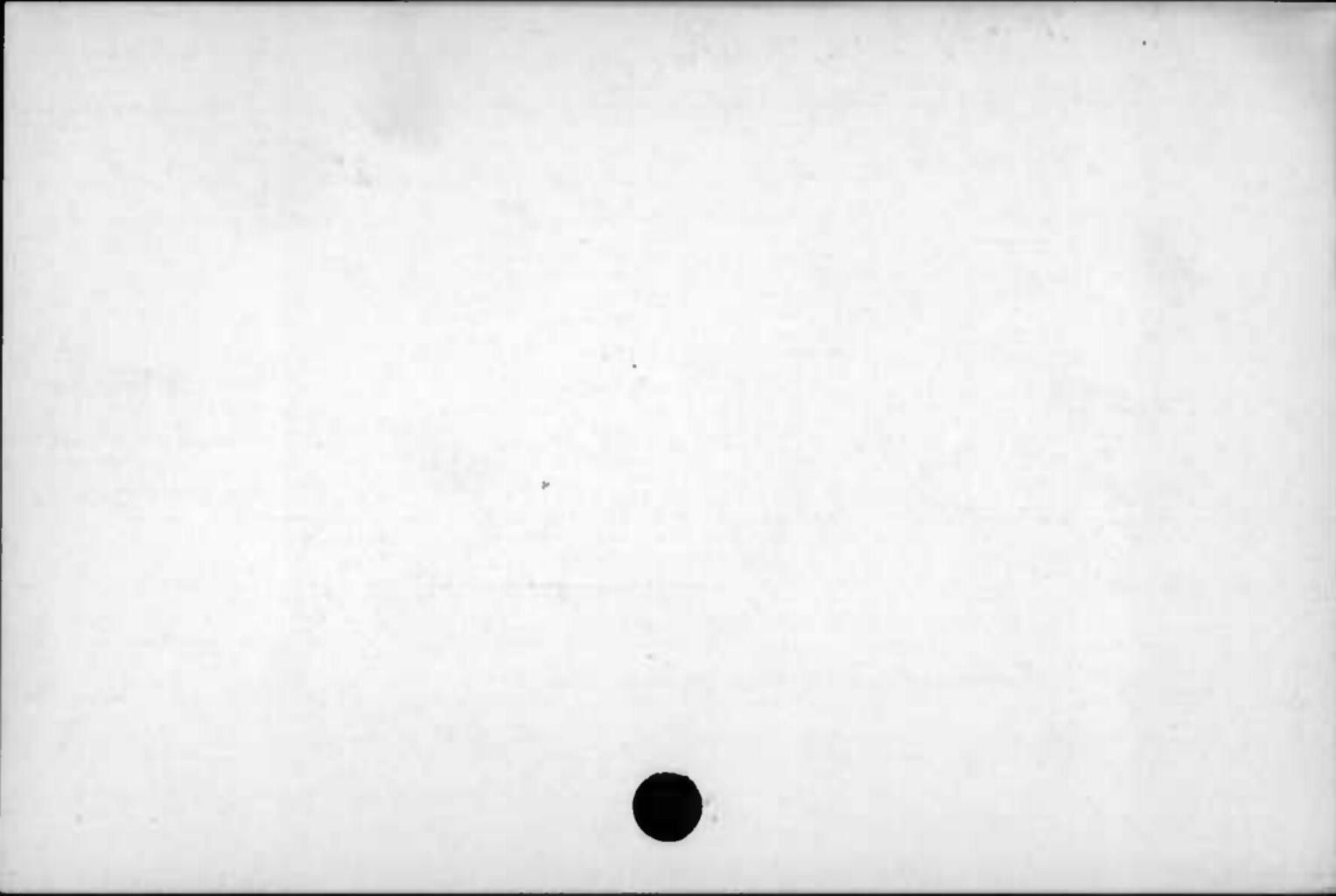
Yes

Signature of Physician

Address

Office of Prisoner  
Coroner Report  
Montgomery Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

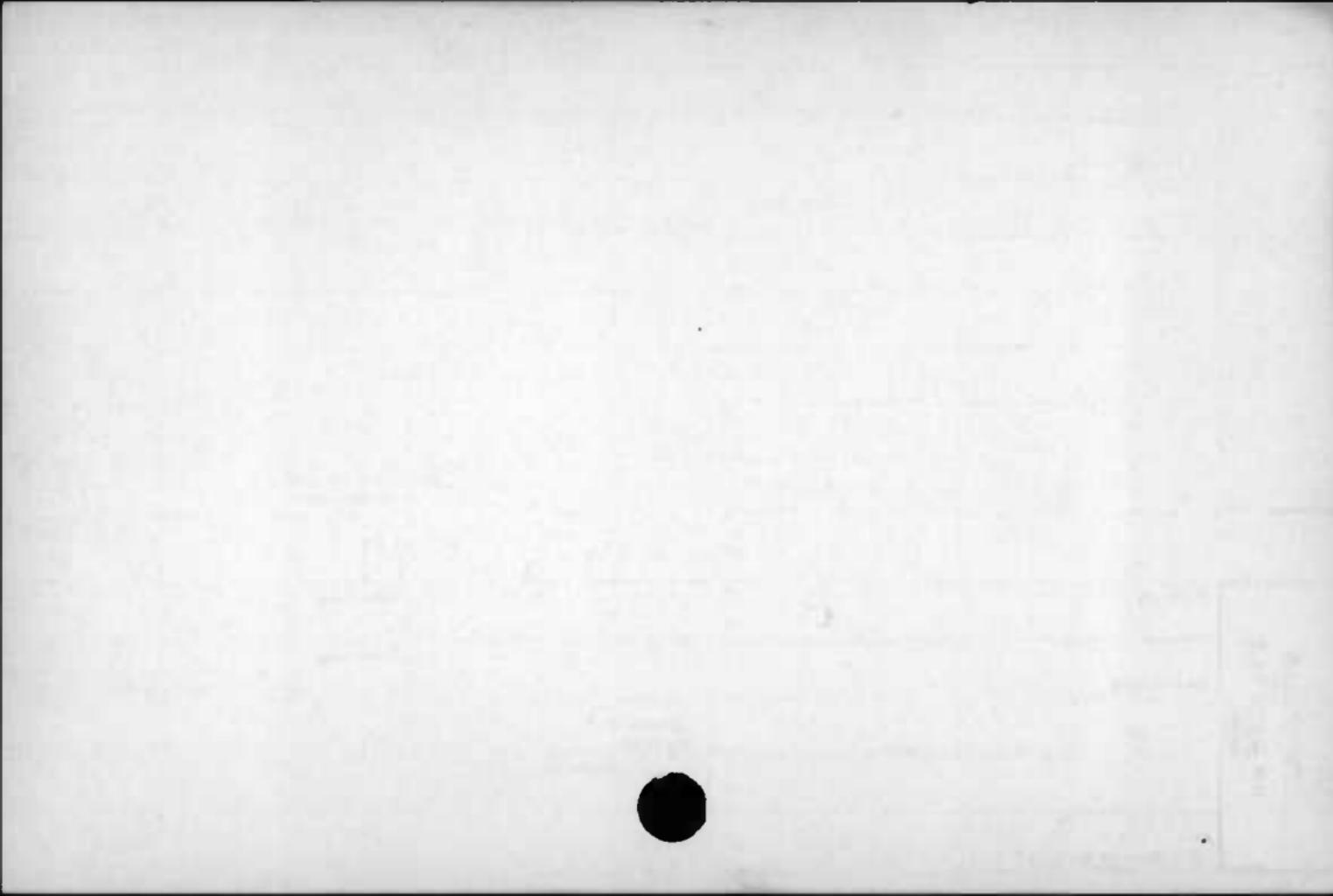
Died at		Town	County	
Prince George's County		Leavel		
Date of death	Month	Day	Years	Months Days
1908	May	28	Age	1
Sex	Male	Color or Race	white	Birth-place
Occupation	none	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Frank Barren			
Mother's Maiden Name	Sadie Rawlings			
Name of person giving information	George Purvey			
CAUSES OF DEATH				
Primary	Unknown			
Immediate	Unknown			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	179	
		Address	How long	
		How long		

PHYSICIAN  
OR CORONER

Accident or Suicide?

J. W. Kline M.D.

Barstow M.D.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND				
Date of death	1908	Month	May	Day	90	Years	1	Months	3	Days
Sex	Male	Color or Race	Colored	Birth-place	Mount Harmony					
Occupation	None	Where Residing if not at place of death			"	"				
Married, Single or Widowed	Single	Name of Wife or Husband			None					
Father's Name	Dennis Reed				Father's Birthplace	Calvert Co				
Mother's Maiden Name	Christina Thomas				Mother's Birthplace	"	"			
Name of person giving Information	Dennis Reed				How related to deceased	Father				

CAUSES OF DEATH

90

How long

Six Months

How long

24 Hours

PHYSICIAN  
OR CORONER

Primary

Gold

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Yes

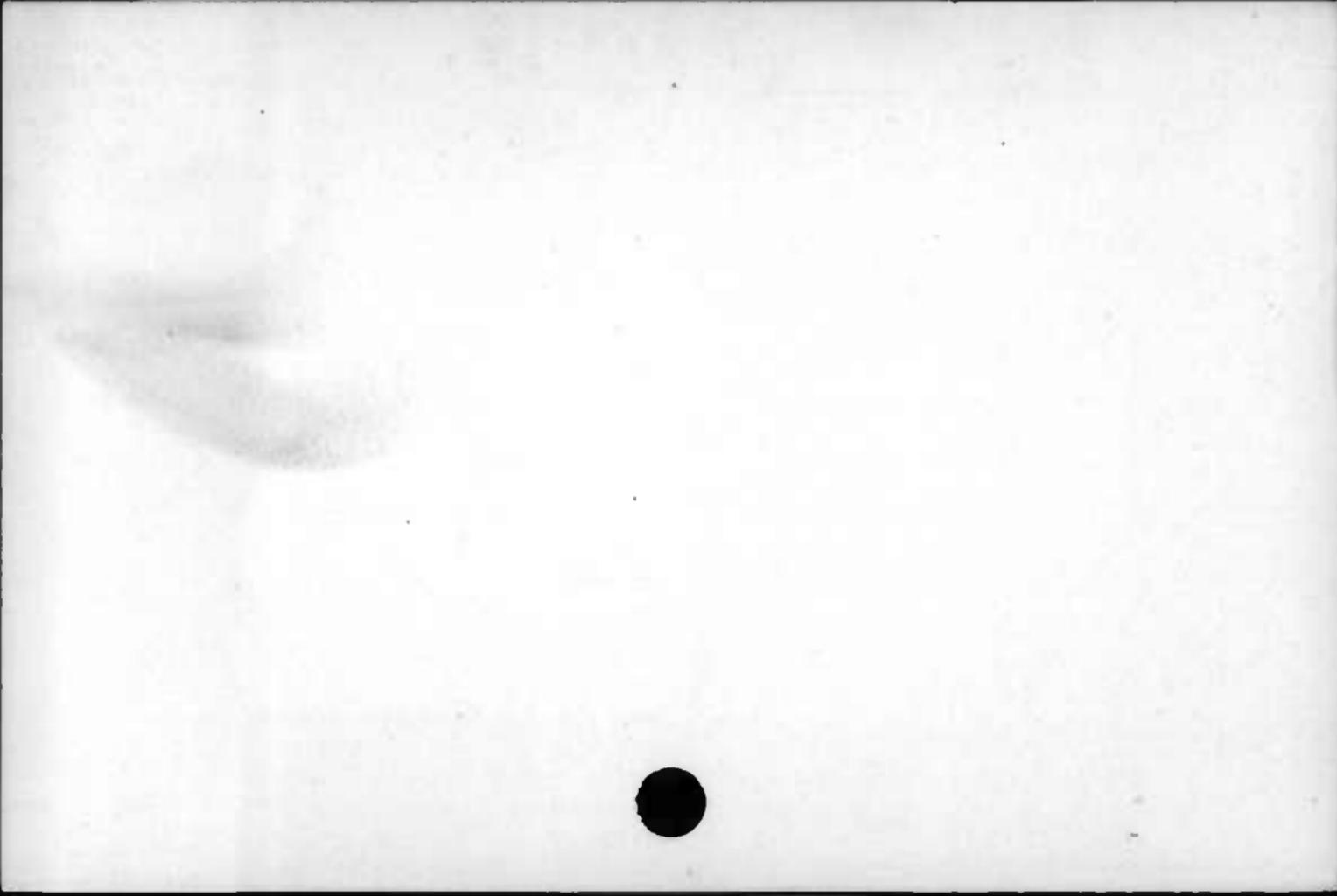
Signature of Physician

Wm W Ward

Address

Mount Harmony Dr.

Accident or Suicide?



Name  
in  
Full

Christiana Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at Lo. Marlboro		County Calvert		MARYLAND	
Date of death 1908	Month May	Day 10	Years 72	Months	Days
Sex Female	Color or Race African	Birth-place Calvert Co.			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Widow	Name of Wife or Husband James Smith				
Father's Name William Gross	Father's Birthplace Calvert Co				
Mother's Maiden Name Mary Gross	Mother's Birthplace Calvert Co.				
Name of person giving Information John Brooks	How related to deceased None				

## CAUSES OF DEATH

Primary

Valvular Dis. of Heart

79

How long

3 years

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E.H. Hinman M.D.

Address

Lo. Marlboro

Md

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Oliver	Town	Ward	County	MARYLAND	
Date of death	1908 May 26	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place		Calvert Co Md	
Occupation	House	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband		—		—	
Father's Name	Samuel E Ward	Father's Birthplace		Calvert Co Md			
Mother's Maiden Name	Hattie E Brown	Mother's Birthplace		Calvert Co Md			
Name of person giving information	Samuel E Ward	How related to deceased		Father			
CAUSES OF DEATH							
Primary	Still Born	How long		S		—	
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician		G F Chambers		
			Address		Suburb Station Bldg Lusby Calvert Co Md		
Was it suicide?							

